24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)				PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC				C C00235853
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New rep	port Amends repo		M - M / D - D /
Full Name of Payee Human Rights Campaign				of Public Distribution/Dissemination
Mailing Address 1640 Rhode Island Ave NW			<u> </u>	
10.101.10.100.10.10.1.1.1.1.1.1.1.1.1.1			Amo	unt
City	State	Zip Code		2180.31
Washington	DC	20036		saction ID : D621565 of Disbursement or Obligation
Purpose of Expenditure Web and Email Content - Staff Time		Category/ Type] [01 / 19 / 2016
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00
Hillary Rodham Clinton		Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		33180.31	Disburseme 2016	ent For:
Full Name of Payee Design Army			Date	e of Public Distribution/Dissemination
				M = M / D = D / Y = Y = Y
Mailing Address 510 H St NE Ste 200			Amo	punt
City	State	Zip Code	ᅵᆫ	1500.00
Washington	DC	20002		saction ID : D621566 e of Disbursement or Obligation
Purpose of Expenditure Web Content - Design		Category/ Type	$\Box \mid \Box$	01 / 19 / 2016
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Hillary Rodham Clinton		Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		33180.31	Disburseme 2016	ent For:
•				
(a) SUBTOTAL of Itemized Independent Expend	itures		·· •	3680.31
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7 7
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize	•		•
Mr. James Rinefierd Signature	[Electro	onically Filed] Date	e 01	20 / 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LXI LIIDI	TOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
Human Rights Campaign PAC			[C C00235853	
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y	
Full Name of Payee Beacon Media			Date of	Public Distribution/Dissemination	
Mailing Address 1725 I St NW Ste 300			Amount		
City S	State	Zip Code		11625.00	
'	DC	20010		ction ID : D621567 Disbursement or Obligation	
Purpose of Expenditure Web Video		Category/ Type	M		
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Hillary Rodham Clinton		Oppose	X Presiden	t Senate State:	
Calendar Year-To-Date Per Election for Office Sought		33180.31	Disbursement 2016 Oth	For:	
Full Name of Payee Bully Pulpit Interactive LLC				Public Distribution/Dissemination	
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount		
City	State	Zip Code		15000.00	
	DC	20036		tion ID : D621568 Disbursement or Obligation	
Purpose of Expenditure Online Advertising		Category/ Type		1 19 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
Hillary Rodham Clinton		Oppose	X Presider	nt Senate State:	
Calendar Year-To-Date Per Election for Office Sought		33180.31	Disbursement 2016 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	26625.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	es				
(c) TOTAL Independent Expenditures			· .	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. James Rinefierd Signature	[Electroni	ically Filed] Date		20 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC	C C00235853
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Digital Surgeons	M M / D D / Y Y Y Y Y
Mailing Address 1175 State St Ste 219	Amount
City State Zip Code	2875.00
New Haven CT 06511	Transaction ID : D621570 Date of Disbursement or Obligation
Purpose of Expenditure Web Content - Development Category/ Type	01 19 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Lillary Dadhara Cliatea	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Dishuman and an Ohlinetian
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	2875.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	33180.31
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mr. James Rinefierd [Electronically Filed] Date	1 20 2016